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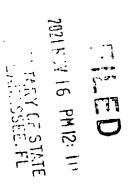
(Req	uestor's Name))			
(Address)					
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(City.	/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Na	me)			
(Document Number)					
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		co	VER L	ETTER			
	gistration Section ision of Corporations						
SUBJECT:	Exceed Marketing Solutions, LI	.C					
SOBJECT.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered	Office Char	nge and f	ee(s) are submitted for filing.			
Please return	n all correspondence concernin	g this matter	r to the fo	ollowing:			
Emily Christ	tiansen						
	Name of Person			_			
Mason Law	and Planning Group, LLC						
	Firm/Company	<u></u>		_			
16055 Old F	forest Point, Suite 301						
	Address						
Monument, (CO 80132						
	City/State and Zip Co-	de		_			
davidbolthou	use@gmail.com						
E-mai	l address: (to be used for future	annual repo	ort notific	cation)			
For further i	information concerning this ma	itter, please (call:				
David Boltho	ouse	9 at (903	220-9014			
	Name of Person	a.(_		Area Code & Daytime Telephone Number			
Reg Div P.O	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the follow	ving amoun	t:				
■ \$	325 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/1-	4)						

Doc ID: dbc0487f56ec863d258a9a7607d9e8498fa18c05

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		_ (b) _		
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, -	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1400 Pine Warbler Place, Unit 4401		ı	400 Pine	Warbler Place, Unit 4401
	Sarasota, FI. 34240	- 	S	Sarasota, I	FL 34240
	03/24/2021		L2	210001392	215
3. 5. (a)	Date of filing/registration in Florida InCorp Services, Inc	4.			Document number
, (u)	Registered Agent and Registered Office shown on the records of the 17888 67th Court North		la De	ept, of State	– e:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>		-
	Loxahatchee , FL	33470		_	
(b)	David Bolthouse				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 1400 Pine Warbler Place, Unit 4401	Office a	<u>ddre</u>	<u>:ss</u> :	Mallow 16 PHR III
	NEW Registered Office Address:				- ' K'
	Sarasota, FL_	34240			-
hange igent w vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egister oility c the lir	red o omp nite	office and nany, it is ad liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	David P. Bolthouse	Da	vid I	Bolthouse	
Signat	ure of a member or authorized representative of a member				Printed or typed name of signee
provisio he obli o merc	by accept the appointment as registered agent and agresons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I his lin writing of this change. POID P. BILINUSC	e to ac erforn for in creby c	t in ianc Cha ionfi	this cape re of my c pter 605 irm that i	acity. I further agree to comply with the duties, and I am familiar with and accep . F.S. Or, if this document is being filed the limited liability company has been

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Signature of Registered Agent